

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

COME BACK POLITICAL ACTION COMMITTEE

ADDRESS (number and street) ▼

PO Box 2485

☐ Check if different than previously reported. (ACC)

Springfield

VA

22152-0485

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00400457

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☒ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
10 01 2012

through

M M M / D D D / Y Y Y Y Y Y
11 26 2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Robert F. Carlin

Signature of Treasurer

Robert F. Carlin

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
12 06 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

COME BACK POLITICAL ACTION COMMITTEE

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
10 / 01 / 2012 To: M M / D D / Y Y Y Y Y Y
11 / 26 / 2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2012		2012.05
(b) Cash on Hand at Beginning of Reporting Period.....	11612.91	
(c) Total Receipts (from Line 19)	5000	13500
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	16612.91	33712.05
7. Total Disbursements (from Line 31)	15956.82	33055.96
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	656.09	656.09
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

COME BACK POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y Y
10 01 2012

To:

M M / D D / Y Y Y Y Y Y
11 26 2012
I. Receipts
COLUMN A
Total This Period
COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

2500

2500

(ii) Unitemized

0

0

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

2500

2500

(b) Political Party Committees

0

0

(c) Other Political Committees

(such as PACs).....

2500

11000

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

5000

13500

12. Transfers From Affiliated/Other

Party Committees.....

0

0

13. All Loans Received

0

0

14. Loan Repayments Received.....

0

0

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0

0

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0

0

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0

0

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0

0

(b) Levin Funds (from Schedule H5)

0

0

(c) Total Transfers (add 18(a) and 18(b))..

0

0

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c))..... ▶

5000

13500

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

5000

13500

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0	0
(ii) Non-Federal Share.....	0	0
(b) Other Federal Operating Expenditures	456.82	3555.96
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	456.82	3555.96
22. Transfers to Affiliated/Other Party Committees.....	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	15500	29500
24. Independent Expenditures (use Schedule E)	0	0
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0	0
26. Loan Repayments Made.....	0	0
27. Loans Made.....	0	0
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0	0
(b) Political Party Committees	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0	0
29. Other Disbursements	0	0
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0	0
(ii) "Levin" Share.....	0	0
(b) Federal Election Activity Paid Entirely With Federal Funds	0	0
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0	0
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	15956.82	33055.96
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	15956.82	33055.96

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	5000	13500
34. Total Contribution Refunds (from Line 28(d))	0	0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5000	13500
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	456.82	3555.96
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0	0
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	456.82	3555.96

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 12

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

COME BACK POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Brian K Bortz

Mailing Address 20 Arbor Court

City
Irwin

State
PA

Zip Code
15642-5700

FEC ID number of contributing
federal political committee.

C

Name of Employer

Doctors First, Inc.

Occupation

President/CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 31 / 2012

Transaction ID : 280-262-c

Amount of Each Receipt this Period

2500

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2500.00

2500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 7 OF 12

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

COME BACK POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. EQT Corporation PAC

Mailing Address EQT PLAZA

625 LIBERTY AVENUE, SUITE 1700

City

State

Zip Code

PITTSBURGH

PA

15222

FEC ID number of contributing
federal political committee.

C

C00151175

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2500

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 22 / 2012

Transaction ID : 269-251-c

Amount of Each Receipt this Period

1000

Full Name (Last, First, Middle Initial)

B. EQT Corporation PAC

Mailing Address EQT PLAZA

625 LIBERTY AVENUE, SUITE 1700

City

State

Zip Code

PITTSBURGH

PA

15222

FEC ID number of contributing
federal political committee.

C

C00151175

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2500

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 22 / 2012

Transaction ID : 269-252-c

Amount of Each Receipt this Period

1500

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2500.00

2500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 8 OF 12

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

COME BACK POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Concentric Office

Mailing Address PO Box 2485

City
SpringfieldState
VAZip Code
22152-0485Purpose of Disbursement
Compliance Services

001

Candidate Name

Category/
Type
 Office Sought: ☐ House
☐ Senate
☐ President
 State: District:

 Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
10		18		2012

Transaction ID : SB21B-184-249-e

Amount of Each Disbursement this Period

456.82

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

 Office Sought: ☐ House
☐ Senate
☐ President
 State: District:

 Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y

Amount of Each Disbursement this Period

--

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

 Office Sought: ☐ House
☐ Senate
☐ President
 State: District:

 Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y

Amount of Each Disbursement this Period

--

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

456.82

456.82

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 9 OF 12

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

COME BACK POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Ann Marie Buerkle For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2012

Mailing Address PO Box 219

City Syracuse	State NY	Zip Code 13214-0219
------------------	-------------	------------------------

Purpose of Disbursement
Committee Contribution

011

Transaction ID : SB23-282-263-e

Amount of Each Disbursement this Period

1000

Candidate Name

Ann Marie BuerkleCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: NY District: 24

Full Name (Last, First, Middle Initial)

B. Bass Victory Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		25		2012

Mailing Address PO Box 3451

City Concord	State NH	Zip Code 03302-3451
-----------------	-------------	------------------------

Purpose of Disbursement
Committee Contribution

011

Transaction ID : SB23-271-255-e

Amount of Each Disbursement this Period

1000

Candidate Name

Charles F. BassCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: NH District: 02

Full Name (Last, First, Middle Initial)

C. Bill Johnson For Congress Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2012

Mailing Address PO Box 14496

City Poland	State OH	Zip Code 44514-7496
----------------	-------------	------------------------

Purpose of Disbursement
Committee Contribution

011

Transaction ID : SB23-284-264-e

Amount of Each Disbursement this Period

1000

Candidate Name

Bill JohnsonCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: OH District: 06

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 12

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

COME BACK POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Brian Bilbray For CongressMailing Address 970 Seacoast Drive
7

City Imperial Beach State CA Zip Code 91932-2402

Purpose of Disbursement
Committee Contribution

Candidate Name

Brian Phillip BilbrayOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 52

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		25		2012

Transaction ID : SB23-273-256-e

Amount of Each Disbursement this Period

1000

Full Name (Last, First, Middle Initial)

B. Canseco For CongressMailing Address 10004 Wurzbach Road
366

City San Antonio State TX Zip Code 78230-2214

Purpose of Disbursement
Committee Contribution

Candidate Name

Francisco Raul Quico CansecoOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: TX District: 23

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		25		2012

Transaction ID : SB23-277-260-e

Amount of Each Disbursement this Period

1000

Full Name (Last, First, Middle Initial)

C. Cravaack For Congress Campaign Committee

Mailing Address 6448 Main Street

City North Branch State MN Zip Code 55056-7068

Purpose of Disbursement
Committee Contribution

Candidate Name

Chip CravaackOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: MN District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		25		2012

Transaction ID : SB23-226-258-e

Amount of Each Disbursement this Period

2000

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4000.00

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 12

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

COME BACK POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dold For Congress

Mailing Address PO Box 6312

City
LibertyvilleState
ILZip Code
60048-6312Purpose of Disbursement
Committee Contribution

011

Candidate Name

Mr. Robert James Dold Jr.Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

State: IL District: 10

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		25		2012

Transaction ID : SB23-275-259-e

Amount of Each Disbursement this Period

1000

Full Name (Last, First, Middle Initial)

B. Jim Renacci For Congress

Mailing Address 150 Smokerise Drive

City
WadsworthState
OHZip Code
44281-8701Purpose of Disbursement
Committee Contribution

011

Candidate Name

James B RenacciCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

State: OH District: 16

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		25		2012

Transaction ID : SB23-279-261-e

Amount of Each Disbursement this Period

1000

Full Name (Last, First, Middle Initial)

C. Mary Bono Mack Committee

Mailing Address PO Box 3370

City
Palm SpringsState
CAZip Code
92263-3370Purpose of Disbursement
Committee Contribution

011

Candidate Name

Mary Bono MackCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 45

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		25		2012

Transaction ID : SB23-215-257-e

Amount of Each Disbursement this Period

2000

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4000.00

--

